Sector Insights paper

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QUEENSLAND Family & Child Commission

Queensland Government

Assessing the moral and fiscal costs and impact of workforce instability in children's social work

Child protection | Workforce turnover | Government expenditure

McFadden, P., MacLochlainn, J., Mallett, J., McColgan, M., McGinnis, E., Martin, G., McGrory, S., & Naylor, R. (2026). *Assessing the moral and fiscal costs and impact of workforce instability in children's social work from an economic, administrative data, and service user perspective*. Ulster University.

Context: The effective delivery of statutory child protection services relies fundamentally on stable, trusting, and skilled professional relationships. This study evaluates the moral, relational, and fiscal impacts of workforce instability across children's social care services in Northern Ireland.

To capture system-wide dynamics, the study combines three complementary research strands: a qualitative examination of lived experiences involving 18 semi-structured interviews (with care leavers, parents, and foster carers) and three focus groups (advocacy group representatives), an empirical analysis of administrative data covering nearly 3000 children; and an economic cost estimation model based on workforce census data. The report evaluates how chronic staff churn intersects with service quality, care continuity, and public expenditure.

Key findings

£7.13 Million
Annual fiscal cost
(Child & Family Social Workers)

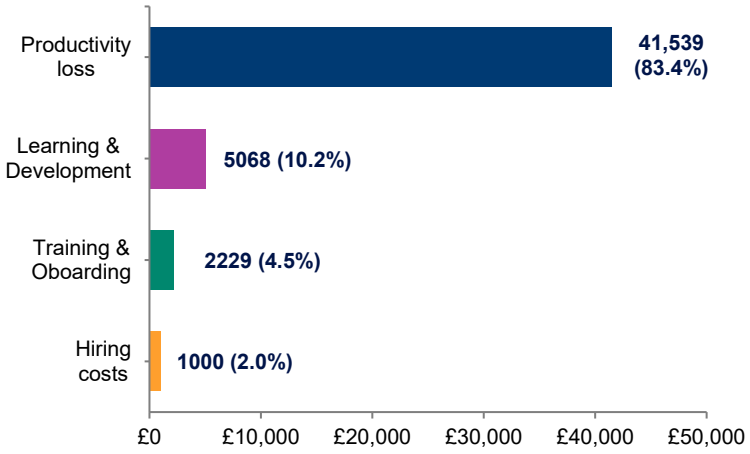
£49,836
Cost per departing social worker

6.6%
Annual turnover rate (143 leavers)

Economic and fiscal costs of turnover:

- **Direct fiscal burden**: During 2024-25, Child and Family Social Worker turnover cost Health and Social Care Trusts in Northern Ireland an estimated £7.13 million.
- **Per-worker cost**: Based on a workforce of 2168 child/family social workers and an annual leaving rate of 6.6 per cent (143 departing workers during the year), the average cost per departing social worker was £49,836.
- **Cost drivers** (*Figure 1*): The per-worker cost includes recruitment advertising and HR processing (£1000), induction and onboarding (£2,229), post-qualification professional development (£5,068), and lost productivity during role vacancies (£41,539).
- **Reinvestment potential**: Across all 4909 social workers employed across, total annual turnover costs reach £14.7 million. Achieving a 20 per cent reduction in turnover would generate £1.43 million in annual savings.

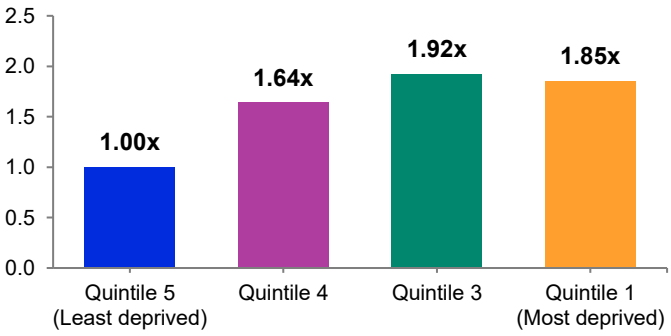
Figure 1: Breakdown of cost per departing worker (£ GBP)



Administrative findings:

- Analysis of administrative data (between 2023-25) revealed that 61.4 per cent of children in the system experienced between two and four key workers, while 16.4 per cent experienced five or more key workers.
- Figure 2 shows that children in the most socioeconomically deprived communities (Quintile 1) faced 85 per cent higher odds (OR = 1.85) of experiencing multiple key worker changes (2 to 5 previous workers) compared to children in the least deprived areas (Quintile 5)

Figure 2: Odds of two to five worker changes by Deprivation Quintile (vs Q5)



Summary: Workforce stability is not merely an operational objective or employee wellbeing concern, but a safeguarding priority that is fundamental for safe, ethical, and effective child protection practice. Chronically high social worker turnover carries substantial moral harm to vulnerable children by disrupting protective relationships, while simultaneously spending millions in public funds through recruitment, training, and lost productivity.

Measuring Early Years Mindsets: Patterns of Thinking that Shape Australia's Future

Child wellbeing | Family support | System reform

Miller, T. L., French Brennan, S., & Kendall-Taylor, N. (2026). *Measuring early years mindsets: Patterns of thinking that shape Australia's future*. FrameWorks Institute

Context: Public policy and system-level reforms for child and family wellbeing in Australia depend heavily on shifting cultural mindsets about the early years. These implicit cognitive patterns shape how the public understands social issues and assigns responsibility. This report is part of a multi-year project undertaken by the FrameWorks Institute alongside Curijo and Minderoo Foundation, with descriptive data from a nationally representative survey of 1004 Australian adults.

Survey items evaluated mindset endorsement on a seven-point Likert scale converted to a 100-point scale (0 = strongest disagreement, 50 = midpoint, 100 = strongest agreement). Findings demonstrate that Australians hold multiple, co-existing, and often contradictory mindsets, making strategic framing choices central to building public support for government policy interventions.

Key findings:

- **Mindset strength**:

80.4

Passive development (sponge) is the strongest mindset in public thinking, with a mean score of 80.4. It assumes children develop as passive absorbers, overlooking children's active role.

- **Co-existence of opposing mindsets:**

67.1

The *family bubble* mindset (67.1) assumes parents are exclusively responsible for children's development and wellbeing.

63.6

It takes a village mindset assumes that the responsibility of children's development is shared across a network of community actors.

- ***Government as partner* vs. *Government interferes with parenting*:**

72.9 (Partner)

68.0 (Interference)

The contradictory mindset indicates that Australians generally think government can and should support children and families, while also assuming that government interferes with parenting and development.

- **Demographic variation**:
  - Mindsets with high demographic variation include *it takes a village* and *structural racism* (recognises that laws, policies and systems can create racial inequities)—endorsed more strongly by younger adults (aged 25–34), parents of young children (aged ≤6) and culturally and linguistically diverse cohorts.
  - Mindsets with low variation across cohorts (entrenched and stable patterns of thinking) include *family bubble*, *individualism* (assumes that life outcomes are the result of personal choices and willpower), and *Passive development*.
- **Policy support & impact**:
  - Broad public support exists for early years policy reforms (e.g., rural/remote health access at 81.7 and quality childcare for all families at 81.1), but support is lowest for investment in Aboriginal and Torres Strait Islander Community-Controlled Organisations (ATSICCOs) (66.1).
  - *Government as partner* is the strongest positive driver of policy support, while *otherism* (assumes there is an 'us' and a 'them', with 'them' inferior in some ways and competing for limited resources) has the strongest negative relationship to policy support, particularly for ATSICCOs in early years reforms.

- **Two mindset clusters** *(the more strongly people endorse one mindset, the more strongly they tend to endorse other mindsets in the cluster)*
  - The collective and structural cluster: anchored by the central mindset *government as partner,* focusing on collective responsibility and the broader context of social systems and structures.
  - The Individualistic, naturalistic and exclusionary cluster: anchored by *government interferes with parenting* and *otherism*, focusing on the natural way of how things work, and government efforts to bring about change are seen as interfering the natural state.

Summary: The report demonstrates that public support for early childhood reform is not fixed but depends on which mindset cluster is activated during policy communication. Communicators should leverage *government as partner* as a central lynchpin to activate the broader Collective and structural cluster, while expanding and stretching the dominant *passive development* mindset to emphasise contextual environments alongside active child and community agency. Framing highlighting *structural racism* can address public understanding deficits around ATSICCOs, while avoiding inadvertently cueing unproductive mindsets such as *otherism.*

Strengthening recognition in residential care in Australia: ‘We recognised each other through a photo’

Residential care | Youth participation | Child wellbeing

Moore, T., McPherson, L., Canosa, A., Gilligan, R., Graham, A., Day, K., & Gatwiri, K. (2026). Strengthening recognition in residential out of home care in Australia: ‘We recognized each other through a photo’. *British Journal of Social Work*, 00, 1–23. https://doi.org/10.1093/bjsw/bcag153

Context: Therapeutic residential care (TRC) in Australia supports a small cohort of young people with highly complex needs, often with experiences of trauma, disability, and instability. Based on qualitative interviews with 38 young people across eight TRC services in New South Wales, this study applies Axel Honneth’s triadic recognition theory, encompassing love, rights, and solidarity. The research explores how interpersonal practices and institutional conditions interact to foster or hinder young people's wellbeing, identity, safety, and sense of belonging.

Key findings:

- **Triadic dimensions of recognition:**
  - **Love (consistent caring relationships):** Foundational emotional security and unconditional support are fostered when workers demonstrate genuine presence, reliability, and support for family/community reconnection. Love-based recognition is severely constrained by placement instability, casual staffing rosters, administrative workloads, and rigid house rules limiting friend visits.
  - **Rights (participation, agency, and fair treatment):** Respecting young people as autonomous agents requires involving them in care planning, providing transparent explanations, and acting promptly on requests. Rights are undermined by tokenistic consultation, arbitrary rules, and grinding bureaucratic delays (e.g. multi-year waits for dental appointments), driving youth to deploy self-taught digital self-advocacy or behavioural escalation to be heard.
  - **Solidarity (peer connections and shared struggle):** Mutual appreciation and social worth emerge through organic peer connections based on shared care experiences (‘sister from a different mum’), worker allyship, and community participation. Solidarity is disrupted by frequent geographical relocations, risk-averse institutional cultures, and care status stigma.

	Supporting practices	vs	Constraining conditions
Love	Trust building; flexible family contact		High staff turnover; administrative burdens
Rights	Meaningful participation; prompt responses		Tokenistic consultation; inconsistent rules
Solidarity	Peer mentoring; community participation		Placement moves; deficit-focused stigma

- **The structural-relational interplay:**
  - **Positive recognition requires structural drivers**: Applying the concept of *positive recognition*, the study demonstrates that individual worker relational competence is necessary but insufficient if systematically undermined by structural instability.
  - **Systems must move beyond harm reduction**: Organisations must create conditions that support caring relationships, including workforce stability and reduced administrative burdens.

Summary: Achieving safety and flourishing in therapeutic residential care requires aligning governance, workforce stability, and participatory decision-making with Honneth's dimensions of love, rights, and solidarity. Moving beyond risk-averse practice requires structural drivers that actively enable relational practice, participatory agency, and community inclusion as the foundation for youth recovery and self-esteem. Resources should support activities, education and community engagement, alongside campaigns to actively counter public care-status stigma while helping young people’s self-esteem and social integration.

Safe and Supported: Review of payments for foster, kinship and permanent carers

Out-of-home care | Financial support

Smart, J., Strawa, C., Quillinan, S., Fisher, S., & Thomas-Richards, B. (2025). *Review of payments for foster, kinship and permanent carers. Final report.* Melbourne: Australian Institute of Family Studies.

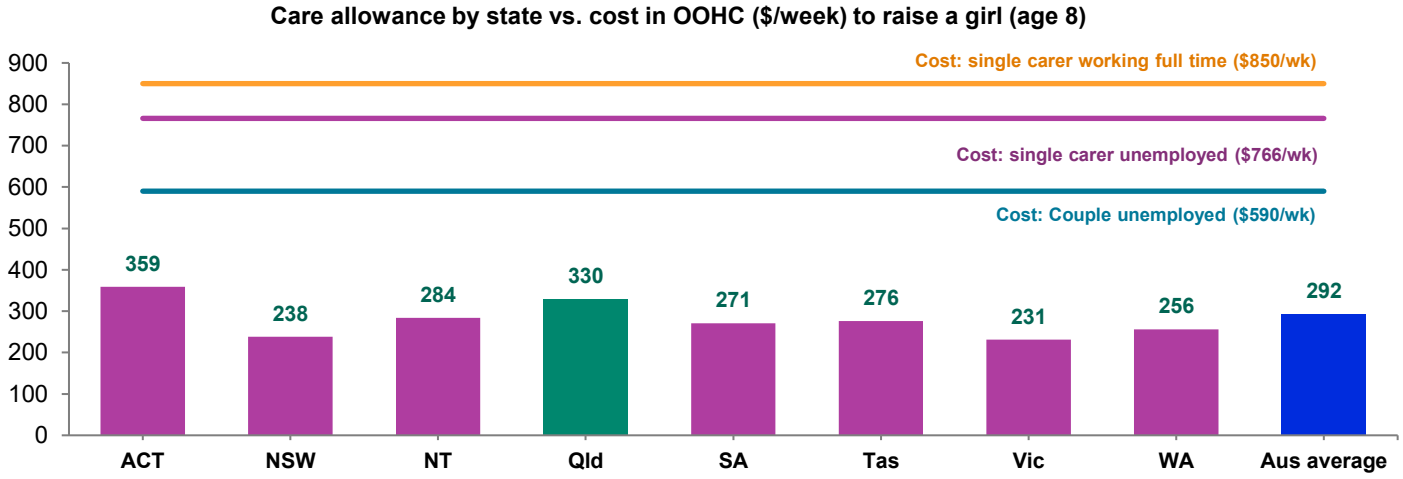
Context: Commissioned under the Safe and Supported First Action Plan 2023–2026, this independent review addresses longstanding national concerns regarding the adequacy, consistency, and accessibility of payments and financial supports for family-based carers. The findings indicate family-based OOHC leads to better outcomes for children and young people than residential care and is more cost-effective for governments.

The annual cost per child in non-residential care ranges from $55,223 to $71,436, compared with $608,542 to $1.2 million per year in residential care. However, the steady decline in foster carer numbers poses a growing challenge to maintaining family-based care placements. To evaluate the financial factors affecting carer recruitment and retention, the Australian Institute of Family Studies conducted a desktop literature review of 41 written submissions, 20 national consultation workshops, and an economic budget standards study with the Social Policy Research Centre.

Key findings:

Care allowance shortfalls:

- Raising a child in OOHC costs seven per cent to 12 per cent more in single-carer households and 12 per cent to 18 per cent more in couple households than raising a child not in care.
- The national average weekly care allowance ($292 per week) covers only 34 per cent of direct costs for a full-time working single carer ($850 per week) with one child and 38 per cent for an unemployed single carer ($766 per week). Even when combining the care allowance with maximum Family Tax Benefit (FTB) payments, low-income households face ongoing weekly shortfalls ranging from $54 (for an unemployed couple in ACT) to $442 (for a single carer working full-time in Victoria) depending on location and family structure.



Systemic inequities affecting kinship carers:

- Kinship care is the largest and fastest-growing placement type in Australia (16,000 households), and it's better aligned with the Aboriginal and Torres Strait Islander Child Placement Principle. However, kinship carers are predominantly older relatives living on lower fixed incomes, with 27.7 per cent earning under $30,000 annually and 15.1 per cent residing in public housing.
- Kinship carers receive lower value payments and financial support than foster carers despite providing similar levels of care to children. Northern Territory data shows that 61 per cent of kinship carers receive Level 1 base rates compared to 40 per cent of foster carers, while only seven per cent receive highest payment rate (Level 4) compared to 16 per cent of foster carers. Fear of negative repercussions, such as child removal or loss of care arrangements, also deters many kinship carers from requesting financial support.

Workforce capacity and administrative accessibility barriers: High caseworker turnover and heavy caseloads create severe administrative delays. Access to discretionary payments and higher needs loadings is hindered by opaque funding criteria, uncoordinated systems, and excessive documentation requirements. Furthermore, permanent care orders frequently terminate statutory support, leaving them without support for unexpected medical or therapeutic expenses.

Summary: The report presents 38 targeted recommendations. Key priorities include immediately increasing fortnightly care allowances, establishing national minimum payment baselines, extending equitable support to kinship and informal carers, and streamlining administration through direct supplier billing and digital portals.

“Can I survive on my own?”: Young people’s perspectives on the implementation of transition planning in out-of-home care

Transition planning | Implementation gap | Youth voice

Wainwright, H., Grage-Moore, S., Savaglio, M., Morris, S., Newton, D., Sait, R., Skouteris, H., & Mendes, P. (2026). “Can I survive on my own?”: Young people’s perspectives on the implementation of transition planning in out-of-home care. *Child and Adolescent Social Work Journal*. https://doi.org/10.1007/s10560-026-01155-w

Context: Transition planning is a core child protection practice designed to prepare young people in OOHC for independent living prior to leaving statutory Child Protection at age 18. In Victoria, Australia, transition planning is guided by the Looking After Children (LAC) Framework and mandates OOHC providers to complete and regularly revise a 15+ Care and Transition Plan. This qualitative study examined implementation barriers and enablers across five core practice domains based on semi-structured interviews and a focus group with 27 care-experienced young people aged 16–24 across residential (55.6%), kinship (25.9%), and foster (18.5%) placements.

Key findings: *Systemic and implementation barriers across five practice domains disrupt transition readiness*

1. Active participation

Key barrier

Adult-led one-off compliance process; high staff turnover disrupts trust and engagement.

Key enabler

Youth co-design, transparent communication, and consistent caseworkers.

2. Education and work

Key barrier

Age 18 exit disrupts final schooling; Centrelink prioritised over work.

Key enabler

Flexible trauma-informed schools and early career guidance.

3. Appropriate housing

Key barrier

Tenancy laws forbid pre-18 leases; high risk of homelessness or forced return.

Key enabler

Extended care model (Youth foyers, Home stretch) and housing choice.

4. Independent life skills

Key barrier

Abrupt shift to self-sufficiency without coaching (budgeting, driving).

Key enabler

Direct skill coaching, modelling, and practical resource access (NDIS).

5. Support networks

Key barrier

Statutory supports end at 18; rigid rules restrict peer connections.

Key enabler

Better Futures extended care to 21 and sustained mentor relationships.

Young people’s recommendations to improve transition planning:

1. **Support and housing accessibility**: Extend housing subsidies and placements up to age 25, providing early planning, guaranteed safe homes, and ongoing on-demand support contacts

2. **Relational and timely transition planning**: Initiate planning at ages 15–16 using personalized, strengths-based plans that give young people genuine decision-making power

3. **Residential placement environments**: Create smaller, homelike residential settings with stable staff, comfortable shared spaces, and the removal of rigid institutional rules

4. **Education and economic participation**: Embed education, career guidance, and practical employment preparation into daily routines up to age 21, protecting learning from housing disruptions

5. **Staff and carer capability**: Mandate lived-experience co-designed workforce training to foster staff stability, empathy, and practical coaching in essential life skills.

Evidence summary

Title	Type & Matter	Summary
Mental health and psychosocial conditions affecting the wellbeing of Indigenous children involved in child protection services: a scoping review	Review Child protection Mental health Indigenous children	• This scoping review synthesised literature published between 1990 and 2022 across four nations (Canada, the United States, Australia, and New Zealand) to examine the mental health and psychosocial wellbeing of Indigenous children involved in child protection services (CPS). • CPS involvement and family removal were consistently associated with severe adverse outcomes, including elevated psychological distress, depression, substance use, self-harm, suicidal ideation, and identity confusion. The review identified intergenerational trauma as the primary root driver of child welfare involvement and ongoing family disruption. • The authors conclude that mainstream child welfare systems frequently act as structural determinants of ill health and institutional violence rather than protective interventions. They recommend returning control of child welfare practices to Indigenous communities, applying trauma-informed and other frameworks to funding and service delivery, and prioritising family connection as the main goal to ensure relational and cultural continuity.
Socioeconomic conditions and children's out-of-home care in high-income countries: a systematic review and meta-analysis	Review Child protection System reform	• This study is the first systematic review and meta-analysis to examine the quantitative relationship between multiple domains of socioeconomic conditions (such as area deprivation, parental education, employment, income, and social assistance) and children's risk of entering OOHC. • Across the included studies, 139 of 150 studies showed a positive association between disadvantaged socioeconomic conditions and an increased risk of OOHC. The strongest and most consistent positive associations were found for indicators of economic hardship, particularly area-level deprivation and eligibility for social assistance. • The authors conclude that socioeconomic disadvantage is a key and modifiable driver of child welfare involvement, representing a population-level indicator of child and family well-being.
Beyond "I can't help with that": How child safety experts evaluate AI chatbot safety	Qualitative Child safety Artificial intelligence	• This qualitative study examines how child safety experts evaluate AI chatbot behaviour when youth in vulnerable situations seek advice or support. Nineteen practitioners (social workers, therapists, and psychologists) were interviewed to evaluate the limitations of current benchmark-driven safety evaluations. • Practitioners highlighted that standard evaluations relying on refusal as a default marker of safety are flawed, as refusing to respond can leave vulnerable youth isolated and deter future help-seeking. They identified critical failure modes where chatbots provided superficially safe responses while missing dangerous context (such as age-inappropriate relationship dynamics, unsafe advice, or frightening resource framing). Conversely, experts endorsed responses that provided empathetic validation as a transparent bridge to trusted human support rather than substituting for human care. • The authors conclude that child AI safety cannot be defined as a static model property or measured by content refusal, as real-world safety is inherently context-dependent and outcome-oriented. They recommend embedding child safety practitioners directly throughout AI evaluation pipelines, requiring models to gather context before giving advice, maintaining explicit system limitations, and routing youth to trusted adults or vetted crisis resources.
Innovative housing supports to prevent homelessness for young women transitioning from residential out-of-home care in Victoria: A case study of the Bridge It Cocoon program	Case study Care leavers Housing	• This case study evaluation demonstrated that combining stable housing with lived-experience mentoring, life-skills training, and therapeutic supports enabled positive outcomes in housing stability, mental health, education and employment. However, researchers identified challenges regarding peer interpersonal conflicts and the need for expanded outreach to sustain mental health gains after residents transition out. They recommend that the state government and other Australian jurisdictions provide dedicated funding to upscale the program for all residential care leavers.

Title	Type & Matter	Summary
Mitigating the impact of child poverty in a highly diverse population: feasibility and acceptability of co-located welfare benefits advice in healthcare and community settings	Qualitative Financial support Child wellbeing	• This pilot study evaluated the feasibility and acceptability of co-locating welfare benefits advice (WBA) within healthcare clinics and community settings across East London, targeting ethnically diverse families with children under two or with disabilities. • Co-locating WBA within familiar healthcare environments significantly improved accessibility and reduced social stigma by leveraging existing patient trust. At the specialist clinic site, 60 families gained an average of £7,933 annually in additional income and support. However, major implementation barriers included complex application paperwork, low digital literacy, and interpreter challenges regarding privacy and social stigma in tight-knit ethnic communities. • The authors conclude that integrating financial advice into routine health appointments normalises support-seeking and reduces parental stress, though physical co-location alone cannot overcome systemic inadequacies. They recommend investing in professional multilingual support, establishing community confidentiality protocols, streamlining referral pathways, and expanding co-located advice models across health systems.
Practices and challenges investigating cases involving child sexual abuse material at Children's Advocacy Centers	Mixed methods Child sexual abuse Professional development	• This study examined investigation protocols, training requirements, family support services, and operational challenges regarding cases involving child sexual abuse material (CSAM) across 379 Children's Advocacy Centers (CACs) in the United States. Researchers synthesised survey responses from CAC executive directors and managers, alongside qualitative stakeholder interviews. • Most CACs report having a pre-interview discussion process between law enforcement and forensic interviewers (88.4%) and regularly screen for CSAM (69.1%). However, requiring CSAM training for non-interviewing multidisciplinary team (MDT) members was not common, including victim advocates (42.0%), law enforcement (38.8%) or mental health clinicians (24.5%). Only 32.5 per cent of CACs assisted families with removing online images. • Key investigative challenges included a lack of joint cross-disciplinary training (60.2%), inadequate resources and support for parents and caregivers (54.6%), and low caseload of CSAM victims (44.3%). • The authors conclude specialised CSAM training and family support remain underutilised across CACs despite the rapid growth of technology-facilitated abuse. They recommend establishing standardised cross-disciplinary team training, streamlining case referral pathways, expanding school-based digital safety education (rated a top priority by 69.7 per cent of leaders), and equipping CACs to help families access crisis mental health care and image-removal assistance.
Navigating institutional tensions in child sexual abuse disclosure practice: A qualitative study of practitioners' experiences	Qualitative Child sexual abuse Workforce practice	• This Australian qualitative study examined how practitioners understand and navigate relational, institutional, and ethical factors when supporting disclosures of child sexual abuse (CSA). Researchers conducted six online group Yarns, a culturally safe and relational Aboriginal methodology, with 23 practitioners across Queensland, New South Wales, and Victoria. • Practitioners conceptualised disclosure as a gradual, relational process requiring rapport, trust, and respect for children's agency. However, this child-centred, trauma-informed approach was frequently constrained by institutional arrangements, including mandatory reporting requirements, documentation demands, organisational procedures, and fragmented interagency systems. To navigate these conflicting demands, practitioners relied on ethical mindfulness—an ongoing practice of reflection and professional judgement to protect children's well-being and agency while responding to statutory and organisational requirements. • The study concludes that disclosure challenges cannot be solved through individual practitioner skill alone, as the conditions that enable or constrain ethical practice are systemic. They recommend policy and structural reforms, including integrated interagency models, greater flexibility within mandatory reporting frameworks, shared protocols that minimise repeated disclosures, and organisational performance measures that prioritise children's agency and relational safety over procedural compliance.

Evidence summary

Title	Type & Matter	Summary
The mental health service usage of transition age young people involved with social care services in Wales: A national population-based retrospective cohort study using linked administrative data	Quantitative Mental health Care leavers	• Using anonymised linked administrative data from Wales, this study examined 10,774 transition-age youth (aged 16–20) to evaluate Child and Adolescent Mental Health Services (CAMHS) and adult mental health service (AMHS) attendance patterns across care-involved and non-care cohorts. • Only 29.1 per cent transitioned from CAMHS to AMHS before age 21. Young people in care residing in the most deprived areas received nearly twofold higher CAMHS appointment intensity, but the support pattern was not sustained into adulthood, with doubled missed AMHS appointments. • Female care-leavers had 3.5 times higher AMHS appointment intensity than males, highlighting high disengagement risks for young men exiting care. Recorded alcohol or drug use was significantly linked to increased missed appointments for young people receiving care and support. • The transition to adult services amplifies existing social care, socioeconomic, and gender inequalities. The authors recommend targeted, social care-informed transition planning and integrated, developmentally tailored care models.
Families' public and private safety nets and child mental health outcomes among families involved with Child Protective Services	Quantitative Child protection Mental health Family support	• This study examined longitudinal data from 5,489 families involved with child protective services (CPS) in the United States, evaluating how three distinct categories of public (food benefits, housing, cash aid), private (e.g., informal help with childcare, transportation, financial assistance, advice) and CPS (e.g., parent and child mental health counselling, parent education, job training) supports affected child internalising and externalising mental health symptoms over time. • Children whose caregivers had high private social support (low public, high private, regardless of CPS service level) exhibited significantly lower initial mental health symptoms than children in families relying solely on public assistance, although mental health symptoms declined overall across the sample over time. • Children in the public assistance-only group experienced a steeper, faster reduction in symptoms over 36 months than those relying solely on private support. Conversely, receiving high CPS services (e.g., mandated classes or counselling) in the absence of private support did not lower initial mental health problems or improve long-term trajectories. • The authors conclude that public and private safety nets operate interdependently, with informal private networks shielding against immediate distress public material assistance was associated with greater reductions in symptoms over time. They recommend implementing interventions to build and strengthen parents' private support networks (e.g., peer mentoring, home visitors, community health workers) alongside streamlining public benefit application processes (e.g., broad-based categorical eligibility, longer recertification periods, online applications) to better reach eligible CPS-involved families.
Scaling early parenting programs to support positive social-emotional and mental health outcomes in young children: A systematic review	Review Mental health Early Intervention Implementation gap	• This systematic review evaluated how interventions expand population reach and impact by synthesising 62 peer-reviewed papers describing 39 distinct scaling initiatives across 15 early parenting programs (delivered from pregnancy up to age 5). It revealed that while initiatives spanned diverse theoretical models (e.g., attachment-based and behavioural interventions) and training approaches, explicit scaling frameworks were rarely used (only 6 of 39 initiatives formally reported using a specific implementation framework). • Although most scaled programs reported positive parent and child outcomes, firm conclusions remain limited because the majority relied on non-randomised or descriptive designs, with inconsistent reporting on reach, fidelity, and long-term sustainability. • The authors identified six primary enablers and barriers to successful scaling—implementation approach, local contexts, collaboration, institutionalising within systems, leadership, and funding/resources, concluding that scaling success depends on implementation strategy and contextual adaptation rather than specific program characteristics alone.